

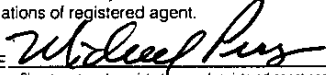
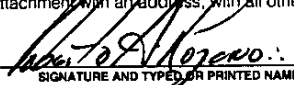


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000124867</b> 1. Entity Name <b>THERAPIUM HEALTH CORPORATION</b>						<b>FILED</b> <b>05 OCT -3 AM 9:21</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>6741 SW 24TH STREET SUITE 56-57 MIAMI, FL 33155</b>				Mailing Address <b>6741 SW 24TH STREET SUITE 56-57 MIAMI, FL 33155</b>			
2. Principal Place of Business <b>295 PARK Blvd.</b>		3. Mailing Address 					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State <b>MIAMI FL</b>		City & State					
Zip <b>33126</b>		Country		Zip 		Country	
4. FEI Number <b>33-1075600</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>BARRERA VALDIVIA, CARLOS M 6930 SW 23 STREET MIAMI, FL 33155</b>				7. Name and Address of New Registered Agent Name <b>MICHAEL PEREZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>287 PARK Blvd.</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33126</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>9/28/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARRERA, CARLOS M 6741 SW 24TH STREET MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.I SEC. LOZANO, ROBERTO 920 NW 44 AVE. #24 MIAMI FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LABRADA, HECTOR 6741 SW 24TH STREET MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. GARRIDO, CARLOS M. 6266 SW 39 TERR. MIAMI FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				Date <b>9/28/05</b>		Daytime Phone # <b>786-318-7891</b>	